Appened for use through 73 1/2006, CHS 0551-0002

U.S. Pélical and Trademark Office; U.S. OEPARTMENT OF COMMERCE

Trans are required to respond to a differilion of Information unless & displays a valid CMS control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10	614	134		
	,	CLAIMS AS				SMALL E	, MTY	OR .	OTHER SMALL			
FOR MUNISER FILED MUNISER EXTRA						RATE	Æ		RATE	FEE		
BASIC	FEE 9: 1.1520)							<u> </u>	<b>OR</b>			
YOTA	CLANES & 1.1660)	26	minus 20 •	minus 20 • •			×		<b>CR</b>	× 5 "		
900B	EOET CLAME		oins ) •				23		QR	**•		
MULTIPLE DEPENDENT CLASS PRESENT 07 CFR 1.16(41)							+1		CR	+=		
* If the difference in column 1 is less than zero, enter 'O' in column 2.							TOTAL		OR	TOTAL		
CI AIMS AS AMENDED - PART II											l	
	11/05	1-				_	SMALL E	YIIIN	OR .		ER THAN LL ENTITY	
1	11100	CLAIMS REMARING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDKAL FEE	
E E	ू रेक्स इंडिंग (म्राज	YNENDMENT	Minus "	720	.2	1	¥80		OR	1,50	100:00	4
MENDMENT	transended profession	10	Minus	-3	•3	].	x 5		_ OR	200.	600.	]
M			E 050-600 F	TOAM DICE	R 1.16(Q)		+36		OR	+3		1
FAST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 OFR 1.16(4)					_	TOTAL ADD'L FEE		OR	ADOL FEE	PAID	4	
1	2-19-11	Succession 1)		(Column Z)	(Calumn 3)	_						4
E		CLAIMS REMAKING AFTER AMENOMENT		HIGHEST HUNDER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOL- TIONAL FEE		RATE	ADDI- TENAL FEE	
15 E	Total of century	2/	Minus	-21	.4	7	x 5=		] oa	x = 50 .		*
MENOMENT	ESTORAGES	10	Minus	- 10		$\cdot$	x ss		OR	× = 2002		
1	FIRST PRESENT	RST PRESENTATION OF MULTIPLE DEPONDENT CLASS. (\$7 OFR 1.14(0))					+1 .		OF	+		1
TOTAL ADDITEE OR ADDITEE										<u></u>	1	
9	- 11	CLAIMS REMADITING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	٦	RATE	ACOS TIONAL FEE		RATE	ADOI- TIONAL FEE	
NA C	Total ar ere uses	17	Minus	-21	. D		x 3•		OR	.50	1	_
	increendint gr o'il usee	1.6	Minus	-6	· Ø		× 8 8		OR	SIX	9	4
¥	PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.14(Q)						+50		or	+	<u> </u>	4
	•	•					ADDL FEE		ox	ADO'L FEE	\$ (1)	4
• If the entry in column 1 is tess than the entry in column 2, write 'V' in column 3.  • If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.  The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.												
This	collection of inte	STEEDON IN LAGRE	ica by 37 C	A4 1"10" HSD Q1	W 41 C C 423		W CRINIT	de collection	is estimate	of to take 12 pt	hites to complet	Д,

This collection of information is required by 37 CFR 1.18. The information is required to double of instant of balls 12 striggs to complete, USRTO to process) an application. Confidentially its governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to balls 12 striggs to complete, USRTO to process) an application. Confidentially its governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to balls 12 striggs to complete to support the process of the USPTO. Time will vary depending upon the individual case Any comments including patheting, and substitution for markets from the amount of time you require to complete the support of the process for requirement of Comments. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED STRIGGTO THIS and Trademark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cold 1-600-PTO-9169 and select option 2.

1	PATE	NT APPLICA	Application or Docket Number								
		EII	ective De	CORD	10/6/4/34						
1		<u>/· · · · · · · · · · · · · · · · · · · </u>									
	TOTAL CL	AIMS	(Col	umn 1)	(Column 2)	TYPE	LENTITY	OTI OR SMA	HER THAN LL ENTITY		
-	FOR			BER FILED		RAT		RAT	E FEE		
	TOTAL CHAP	RGEABLE CLAIN		minus 20=	NUMBER EXTRA	BASIC	FEE 150.00	OR BASIC	EE 300.00		
	INDEPENDENT CLAIMS			minus 3 =	•	X\$ 25	=	OR X\$50	=		
	MULTIPLE DE	PENDENT CLA	M PRESENT			X100	=	OR X200	=		
1	If the difference in column 1 is less than zero, enter "0" in column 2							OR +360:			
l	IUA I TON TOTAL										
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
≗		REMAINING	3	HIGHE	ST PRESENT	1	ADDI-	OR SMALI	ENTITY ADDI-		
AMENOMENT	Total	AFTER AMENDMEN		PREVIOU PAID FO	JSLY   FXTRA	RATE	TIONAL FEE	RATE	TIONAL FEE		
	Independer	1 . 6	Minus	**	=	X\$ 25=		OR X\$50≈	1-1-6-1		
A	FIRST PRE		Minus MULTIPLE D	EPENDENT C	1 A 14 A	X100=		DR X200≈	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							"			
		;				+180=		+360= TOTAL			
-	1/	(Column 1)		(Column		ADDIT. FEE	L	ADDIT. FEE			
AMENDMENT B	10/5/67	REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS	T R PRESENT SLY EXTRA	RATE	ADDI- TIONAL	RATE	ADDI- TIONAL		
2	Total	. 21	Minus	PAID FOR	3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FEE		FEE		
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	FIRST PRES	ENTATION OF M	ULTIPLE DEI	PENDENT CL	AIM .	X100=	OF	X200=			
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,		CLAIMS REMAINING		(Column 2 Highest	(Column 3)				1		
iL		AFTER AMENDMENT	, <del>-</del>	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDI- IONAL	RATE T	ADDI:		
Ţ	otal		Minus	##	=		FEE		FEE		
	Independent		Minus	444	E	-X\$-25=	OR	X\$50≡			
JF	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= OR X200=										
ff th	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
off th	If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20," ADDIT FEE										
The	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
	PTO-876 (Rev. 10/04)										